



Tompkins County Department of Human Resources

125 East Court Street, Ithaca, NY 14850 | P: (607) 274-5526 | F: (607) 274-5401 | www.TompkinsCountyNY.gov

Inclusion through Diversity

MILITARY LEAVE OF ABSENCE FORM

(Submit to Department of Human Resources)

This form may be used to request a Military Leave of Absence. Tompkins County acknowledges and appreciates the important contributions of our employees who are currently serving in the United States Military. In order to support these employees, Tompkins County pledges to make every effort to provide accommodations to individuals who must be absent due to ordered military duty.

(Note: Ordered Military Duty is defined as, but not limited to: Active Duty, Deployment, Training, Drills, Service Schools, etc.).

To be completed by Employee (print clearly):

Today's Date:		Employee I.D. (if known):	
EMPLOYEE INFORMATION			
Employee Last Name:	First:	Middle:	Phone Number: () -
			Personal Email:
Department:	Job Title:	Birth Date: / /	Date of Hire: / /
Street Address:		Department Head/Supervisor Name:	
P.O. Box (if applicable):	City:	State:	ZIP Code:
EMPLOYEE REQUEST (Complete the required information and check leave type.)			
Requested Start Date: / /		Anticipated Return to Work Date: / /	
Name of Military Organization Issuing Orders:		Current Employment Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	
<input type="checkbox"/> This is a new request		<input type="checkbox"/> This is an update to an existing request	
Please select the reason for your leave request:			
<input type="checkbox"/> Annual Training			
<input type="checkbox"/> Basic Training			
<input type="checkbox"/> Special/Advanced Training or Service School			
<input type="checkbox"/> Required Monthly Meeting			
<input type="checkbox"/> Active Duty/Deployment			
<input type="checkbox"/> Other (Please Describe)			
ATTACH A COPY OF OFFICIAL MILITARY ORDERS AND/OR SCHEDULE TO THIS FORM			

Paid Leave

Tompkins County employees shall be paid their full regular salary while on a Military Leave of Absence for ordered military duty not exceeding 30 days or 22 working days in a calendar year. Employees on a Military Leave of Absence for more than 30 days shall be paid a supplemental salary not exceeding an additional 60 days or forty-four 44 working days in a calendar year.

Note: In order to receive Military Leave supplemental salary, documented proof of current military salary must be submitted to the Department of Human Resources as soon as practicable in order to ensure prompt and accurate payment of wages.

Unpaid Leave

Tompkins County employees on a Military Leave of Absence for ordered military duty exceeding 90 days will be placed on an unpaid leave of absence not to exceed 5 years while employed with the County. Employees may, but are not required, to use accrued vacation, personal, or compensatory time during this time.

Acknowledgement & Signature

I understand that I am entitled to 30 days (22 working days) of military leave with full pay and that I am entitled to an additional 60 days (44 working days) of military leave with supplemental pay if military leave extends past 30 days. If some military leave with pay has already been paid within this calendar year, I am entitled to the remaining balance during the same calendar year.

I understand that I may elect to use any vacation, personal, or compensatory time that was accrued prior to the military leave of absence once I am placed on an unpaid leave of absence. Select option below:

I *do not want to* use accrued vacation, personal, or compensatory time after my military leave with pay/supplemental pay has been used and understand I will be placed on a military leave of absence without pay.

I *want to* use paid vacation, personal, or compensatory time after utilizing all my military leave with pay/supplemental pay and understand that once this time is exhausted, I will be placed on a military leave of absence without pay.

I understand that if my leave has been changed or extended, I will submit updated military orders and/or schedule as soon as practical and if possible, it is recommended a new Military Leave of Absence Form be completed.

I have read *Tompkins County Administrative Policy 03-15: Military Leave* and understand my employment and reemployment rights and responsibilities as outlined within the policy.

Employee Signature:

Date:

Department Head/Supervisor Name (Print) & Signature:

Date:

For Human Resources Use Only

Date Received: _____

Date Reviewed: _____

Received by: _____

Reviewed By: _____